

****US CITIZEN INCIDENT REPORT****

Please ensure that you include all information as requested below in your statement. It is important to the filing of an official complaint with the appropriate Hungarian offices.

Details of Incident:

Date: _____

Time: _____

Location of Incident (provide exact address if possible): _____

Other person(s) involved: _____

Were Police notified? _____ YES _____ NO

Your Date of Departure from Hungary: _____

Your name and contact address (including e-mail if you have one):

U.S. Passport information: # _____ Issued: _____

Expires: _____ Name as on PPT: _____

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Description of Events:

(use back side, too)

****US CITIZEN INCIDENT REPORT, Continued****

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PRIVACY ACT RELEASE FORM

In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, a Foreign Service Post cannot release any information regarding you that is not considered to be in the public domain to anyone without your written consent except as set forth in the Act.

The information requested is authorized by 22 USC 2658 and is voluntary.

The primary purpose for soliciting the information is to assist you in your present need as an American citizen for consular services.

This information may be made available on a need-to-know basis to personnel of the Department of State and other Government agencies having jurisdiction in the performance of their official duties. It may also be made available to officials of the host government, should the disclosure of such information be considered to be in your interest. Please indicate if you are willing to have this report be disseminated to:

Members of the Press	Yes	No
The General Public	Yes	No

I acknowledge that I have read this Privacy Act Release Form and consent to have this information be forwarded to the Hungarian Police Headquarters, Ministry of Tourism, Ministry of Foreign Affairs, and other such agencies as pertinent to this incident report.

X_____ Date: _____
(Signature)
